PROGRAM NAME:	

## **SECTION 2 REPORT FORM 2016**

## NAME OF CHILDCARE FACILTIY:

2	Date of Birth	Enter the number of doses of each vaccine that the child has received.							Refusal of	Varicella
Child's Name		DTP	Polio	MMR	HIB	Нер В	Varicella	PCV	Vaccine(s) 1	Disease 2
Sample Record - Jane Doe	01/01/15	4	3	1	3	3	1	4		
							_			_
_							_		_	

1 REFUSAL: Copy of Immunization Refusal Form <u>must be</u> included with this report.

2 VARICELLA: Copy of Varicella Disease Verification Form must be included with this report.

PCV - Includes PCV7 or 13 (Prevnar), and PPSV23

DTaP - Includes DTaP and DTP (Diphtheria, Tetanus, Pertussis)

DT (Diphtheria, Tetanus - Pediatric)

Td (Tetanus, Diphtheria - Adult)

IPV - Includes OPV (Oral Polio Vaccine)

HIB - Haemophilus Influenzae Type B Hep B - Hepatitis B MMR - Measles, Mumps, Rubella VAR - Varicella VZV